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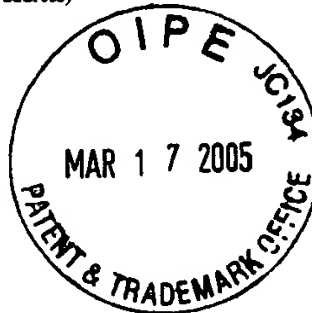
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7590 12/15/2004

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03/18/2005 EHAILE2 00000017 09891023

01 FC:2501 700.00 OP
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Kathleen Pujol	(Depositor's name)
<i>[Signature]</i>	(Signature)
March 15, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/891,023	06/25/2001	Damir Janigro	26336-8	9460

TITLE OF INVENTION: PERIPHERAL MARKER OF BLOOD BRAIN BARRIER PERMEABILITY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	03/15/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
NICHOLS, CHRISTOPHER J	1647	435-007200

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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Raymond A. Miller
1 **Pepper Hamilton LLP**
2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

The Cleveland Clinic Foundation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Cleveland, OH

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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Authorized Signature *[Signature]*
Typed or printed name **Raymond A. Miller**

Date **March 15, 2005**
Registration No. **42,891**

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